# GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

Page 1 of 2 Ser No. 049912

198524

Enter Company Registration Number

Engineer [redacted]

Gas Safe [redacted]

Engie Office Address

Contract Number MILLSTONE AH C/F.

Customer Name

Site Address 50 BACHELOR VALE Ld SHEFFIELD.

Postcode S10 3AL

Received By Signature

Landlords Details If Different

Name

Address

Postcode

Rented Accommodation YES/NO

| App | Landlords appliance Yes/No | Service Inspection Repair | Appliance Details | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Location | Type | Model | Serial Number | Burner Manufacturer | Flue Type (OF/RS/FL) |
| 1 | YES | SERVICE | PLANT ROOM | BOILER 1 | VITODENS 200-W WB2B | 7737301080 1937100 | VIESSMANN | RS |
| 2 | YES | SERVICE | | BOILER 2 | VITODENS 200-W WB2B | 7737301080 1941107 | VIESSMANN | RS |
| 3 | | | | | | | | |
| 4 | | | | | | | | |

| General Safety Checks | Result | General Safety Checks | Result |
|---|---|---|---|
| Gas booster/compressor operating correctly (Yes /No/NA) | NA | Flue termination satisfactory (Yes/No/NA) | YES |
| Is there a current gas installation line diagram at primary meter (Yes/No/NA) | YES | Has a tightness test been carried out from local isolation valve (Yes/No/NA) | YES |
| Is the meter installation correct (Yes/No) | YES | Is gas pipework electrically bonded (Yes/No) | YES |
| Gas installation pipework adequately supported (Yes/No) | YES | Are adequate emergency isolation valves fitted (Yes/No) | YES |
| Gas installation pipework sleeved and sealed as appropriate (Yes/No) | YES | Are emergency valve handles in place and labelled (Yes/No) | YES |
| Is gas pipework colour coded or identified (Yes/No/NA) | YES | Do valves fall to the correct position (Yes/No) | YES |
| Is flue system installed in accordance with standards (Yes/No) | YES | Area clear of combustible materials (Yes/No) | YES. |

| Ventilation | | | |
|---|---|---|---|
| Low level free area cm² ~~or ventilation flow rate m³/hr~~ | Actual 1150 cm² | Required (Calculated) | R/S 0 |
| High level free area cm² ~~or ventilation flow rate m³/hr~~ | Actual 1001 cm² | Required (Calculated) | R/S 0 |
| All ventilation grills clear and unobstructed (Yes/No) | | Fans and/or flue interlocks operating correctly (Yes/No/NA) | NA. |

| Details of any faults | Remedial Action Taken | Comments and calculations |
|---|---|---|
| | | |
| | | |
| | | |

| Appliance Checks | ~~App 1 or~~ App 1 High | ~~App 2 or~~ App 1 Low | ~~App 2 or~~ App 2 High | ~~App 1 or~~ App 2 Low | | ~~App 1 or~~ App 1 High | ~~App 2 or~~ App 1 Low | ~~App 2 or~~ App 2 High | ~~App 1 or~~ App 2 Low | | ~~App 1 or~~ App 1 High | ~~App 2 or~~ App 1 Low | ~~App 2 or~~ App 2 High | ~~App 1 or~~ App 2 Low |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Flue flow test satisfactory (Yes/No/NA) | NA | NA | NA | NA | Gas burner pressure (mbar) or heat input kW/h required | 21 | 21 | 21 | 21 | Carbon Dioxide ($CO_2$) (%) | 8·9 | 8·7 | 9·1 | 9·0 |
| Spillage test satisfactory (Yes/No/NA) | YES | YES | YES | YES | Gas burner pressure (mbar) or heat input kW/h measured | 21 | 22 | 20·5 | 22 | Excess Air (%) | 53·5 | 37·4 | 30·8 | 31·5 |
| Air/Gas switch operating correctly (Yes/No/NA) | NA | NA | NA | NA | Gas rating measured (kW/h ~~m³/hr~~) NOT | 57·8 | 22·6 | 24·4 | 62·6 | $CO/CO_2$ Ratio | 0·0004 | 0·0000 | 0·0008 | 0·0002 |
| Flame proving devices operating correctly (Yes/No/NA) | YES | YES | YES | YES | Air/gas ratio control setting (%/NA) | N/A | NA | NA | NA | Gross Efficiency (%) | 98·3 | 98·4 | 97·4 | 101·6 |
| Burner lock out time (seconds) | 80 | 80 | 84 | 84 | Net flue gas temperature (gross less ambient) (°C) | 37·8 | 38· | 60·0 | 20·8 | CO flue dilution (ppm) | NA | NA | NA | NA |
| Temperature and limit thermostats operating correctly (Yes/No) | YES | YES | YES | YES | Oxygen ($O_2$ %) | 5·3 | 5·7 | 4·9 | 5·0 | Standing pressure (mbar) | 23 | 23 | 23 | 23 |
| Heat net input rating data (kW) | 60 | 60 | 60 | 60 | Carbon Monoxide (CO)(ppm) | 37 | 7 | 70 | 14. | Working pressure (mbar) | 21 | 22 | 20·5 | 22 |
| | | | | | | | | | | Is appliance safe for use (Yes/No) | | | | |

| | |
|---|---|
| Worksheet No ( If used) | |
| Checked by (office use) | |
| Entered on database | |

**Declaration of gas safety** - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

| | |
|---|---|
| Date | 7/07/22 |
| Signature | [redacted] |

| | |
|---|---|
| Has a warning advice notice been raised (No or Warning notice Ser No or No's) | |
| Test Instrument | |
| Test Instrument serial number | |

Distribution: White - [redacted] Pink - Site; Green - Engineer